CONFERENCE COMMITTEE REPORT FORM

	Austin, Texas
	May 210, 2017 Date
Honorable Dan Patrick President of the Senate	
Honorable Joe Straus Speaker of the House of Representatives	
Sirs:	
	have had the same under consideration, and pass in the form and text hereto attached.
Stran Hoojosa, Char	Eddie Lucio III, Chair
Paul BeHencourt	charle Geren
Brian Birdwell	Garnet Coleman
Donna Campbell	Linda Koop Dilana Busia
On the part of the Senate	On the part of the House
Van Taylor	Dewayne Burns

Note to Conference Committee Clerk:

Please type the names of the members of the Conference Committee under the lines provided for signature. Those members desiring to sign the report should sign each of the six copies. Attach a copy of the Conference Committee Report and a Section by Section side by side comparison to each of the six reporting forms. The original and two copies are filed in house of origin of the bill, and three copies in the other house.

CONFERENCE COMMITTEE REPORT

3rd Printing

S.B. No. 1462

A BILL TO BE ENTITLED

AN ACT

2	relating to the creation and operation of certain local health care
3	provider participation programs.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Section 288.151(b), Health and Safety Code, is
6	amended to read as follows:
7	(b) Not later than the $\underline{\text{fifth}}$ [$\frac{10\text{th}}{10}$] day before the date of
8	the hearing, the commission shall publish at least once notice of
9	the hearing in a newspaper of general circulation in the county in
10	which the district is located.
11	SECTION 2. Section 288.155(c), Health and Safety Code, is
12	amended to read as follows:
13	(c) Money deposited to the local provider participation
14	fund may be used only to:
15	(1) fund intergovernmental transfers from the
16	district to the state to provide:
17	(A) the nonfederal share of a Medicaid
18	supplemental payment program authorized under the state Medicaid
19	plan, the Texas Healthcare Transformation and Quality Improvement
20	Program waiver issued under Section 1115 of the federal Social
21	Security Act (42 U.S.C. Section 1315), or a successor waiver
22	program authorizing similar Medicaid supplemental payment
23	programs; or
24	(B) payments to Medicaid managed care

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organizations that are dedicated for payment to hospitals;
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- 2 (2) subsidize indigent programs;
- 3 (3) pay the administrative expenses of the district;
- 4 (4) refund a portion of a mandatory payment collected
- 5 in error from a paying hospital; [and]
- 6 (5) refund to paying hospitals the proportionate share
- 7 of the money received by the district from the Health and Human
- 8 Services Commission that is not used to fund the nonfederal share of
- 9 Medicaid supplemental payment program payments; and
- 10 (6) refund to paying hospitals the proportionate share
- 11 of money that the district determines cannot be used to fund the
- 12 nonfederal share of Medicaid supplemental payment program
- 13 payments.
- 14 SECTION 3. Section 288.202, Health and Safety Code, is
- 15 amended to read as follows:
- 16 Sec. 288.202. ASSESSMENT AND COLLECTION OF MANDATORY
- 17 PAYMENTS. The district may collect or, using a competitive bidding
- 18 process, contract for the assessment and collection of mandatory
- 19 payments required under this chapter [(a) Except as provided by
- 20 Subsection (b), the county tax assessor-collector shall collect a
- 21 mandatory payment required under this subchapter. The county tax
- 22 assessor-collector shall charge and deduct from mandatory payments
- 23 collected for the district a fee for collecting the mandatory
- 24 payment in an amount determined by the commission, not to exceed the
- 25 county tax assessor-collector's usual and customary charges.
- [(b) If determined by the commission to be appropriate, the
- 27 commission may contract for the assessment and collection of

- 1 mandatory payments in the manner provided by Title 1, Tax Code, for
- 2 the assessment and collection of ad valorem taxes.
- 3 [(c) Revenue from a fee charged by a county tax
- 4 assessor-collector for collecting the mandatory payment shall be
- 5 deposited in the county general fund and, if appropriate, shall be
- 6 reported as fees of the county tax assessor-collector].
- 7 SECTION 4. Section 291.101(b), Health and Safety Code, is
- 8 amended to read as follows:
- 9 (b) Not later than the fifth [10th] day before the date of
- 10 the hearing required under Subsection (a), the commissioners court
- 11 of the county shall publish notice of the hearing in a newspaper of
- 12 general circulation in the county.
- SECTION 5. Section 291.103(c), Health and Safety Code, is
- 14 amended to read as follows:
- 15 (c) Money deposited to the local provider participation
- 16 fund may be used only to:
- 17 (1) fund intergovernmental transfers from the county
- 18 to the state to provide:
- (A) the nonfederal share of a Medicaid
- 20 supplemental payment program authorized under the state Medicaid
- 21 plan, the Texas Healthcare Transformation and Quality Improvement
- 22 Program waiver issued under Section 1115 of the federal Social
- 23 Security Act (42 U.S.C. Section 1315), or a successor waiver
- 24 program authorizing similar Medicaid supplemental payment
- 25 programs; or
- 26 (B) payments to Medicaid managed care
- 27 organizations that are dedicated for payment to hospitals;

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1 (2) subsidize indigent programs;
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- 2 (3) pay the administrative expenses of the county
- 3 solely for activities under this chapter;
- 4 (4) refund a portion of a mandatory payment collected
- 5 in error from a paying hospital; [and]
- 6 (5) refund to paying hospitals the proportionate share
- 7 of money received by the county from the Health and Human Services
- 8 Commission that is not used to fund the nonfederal share of Medicaid
- 9 supplemental payment program payments; and
- 10 (6) refund to paying hospitals the proportionate share
- 11 of money that the county determines cannot be used to fund the
- 12 nonfederal share of Medicaid supplemental payment program
- 13 payments.
- 14 SECTION 6. Section 291.152, Health and Safety Code, is
- 15 amended to read as follows:
- 16 Sec. 291.152. ASSESSMENT AND COLLECTION OF MANDATORY
- 17 PAYMENTS. The county may collect or, using a competitive bidding
- 18 process, contract for the assessment and collection of mandatory
- 19 payments authorized under this chapter [(a) Except as provided by
- 20 Subsection (b), the county tax assessor-collector shall collect the
- 21 mandatory payment authorized under this chapter. The county tax
- 22 assessor-collector shall charge and deduct from mandatory payments
- 23 collected for the county a fee for collecting the mandatory payment
- 24 in an amount determined by the commissioners court of the county,
- 25 not to exceed the county tax assessor-collector's usual and
- 26 customary charges.
- 27 [(b) If determined by the commissioners court to be

- 1 appropriate, the commissioners court may contract for the
- 2 assessment and collection of mandatory payments in the manner
- 3 provided by Title 1, Tax Code, for the assessment and collection of
- 4 ad valorem taxes.
- 5 [(c) Revenue from a fee charged by a county tax
- 6 assessor-collector for collecting the mandatory payment shall be
- 7 deposited in the county general fund and, if appropriate, shall be
- 8 reported as fees of the county tax assessor-collector].
- 9 SECTION 7. Section 292.101(b), Health and Safety Code, is
- 10 amended to read as follows:
- 11 (b) Not later than the fifth [10th] day before the date of
- 12 the hearing required under Subsection (a), the commissioners court
- 13 of the county shall publish notice of the hearing in a newspaper of
- 14 general circulation in the county.
- SECTION 8. Section 292.103(c), Health and Safety Code, is
- 16 amended to read as follows:
- 17 (c) Money deposited to the local provider participation
- 18 fund may be used only to:
- 19 (1) fund intergovernmental transfers from the county
- 20 to the state to provide:
- 21 (A) the nonfederal share of a Medicaid
- 22 supplemental payment program authorized under the state Medicaid
- 23 plan, the Texas Healthcare Transformation and Quality Improvement
- 24 Program waiver issued under Section 1115 of the federal Social
- 25 Security Act (42 U.S.C. Section 1315), or a successor waiver
- 26 program authorizing similar Medicaid supplemental payment
- 27 programs; or

1	(B) payments to Medicaid managed care
2	organizations that are dedicated for payment to hospitals;
3	(2) subsidize indigent programs;
4	(3) pay the administrative expenses of the county
5	solely for activities under this chapter;
6	(4) refund a portion of a mandatory payment collected
7	in error from a paying hospital; [and]
8	(5) refund to paying hospitals the proportionate share
9	of money received by the county from the Health and Human Services
10	Commission that is not used to fund the nonfederal share of Medicaid
11	supplemental payment program payments; and
12	(6) refund to paying hospitals the proportionate share
13	of money that the county determines cannot be used to fund the
14	nonfederal share of Medicaid supplemental payment program
15	payments.
16	SECTION 9. Section 292.152, Health and Safety Code, is
17	amended to read as follows:
18	Sec. 292.152. ASSESSMENT AND COLLECTION OF MANDATORY
19	PAYMENTS. The county may collect or, using a competitive bidding
20	process, contract for the assessment and collection of mandatory
21	payments authorized under this chapter [(a) Except as provided by
22	Subsection (b), the county tax assessor-collector shall collect the
23	mandatory payment authorized under this chapter. The county tax
24	assessor-collector shall charge and deduct from mandatory payments
25	collected for the county a fee for collecting the mandatory payment
26	in an amount determined by the commissioners court of the county,
27	not to exceed the county tax assessor-collector's usual and

- l customary charges.
- 2 [(b) If determined by the commissioners court to be
- 3 appropriate, the commissioners court may contract for the
- 4 assessment and collection of mandatory payments in the manner
- 5 provided by Title 1, Tax Code, for the assessment and collection of
- 6 ad valorem taxes.
- 7 [(c) Revenue from a fee charged by a county tax
- 8 assessor-collector for collecting the mandatory payment shall be
- 9 deposited in the county general fund and, if appropriate, shall be
- 10 reported as fees of the county tax assessor-collector].
- 11 SECTION 10. Section 293.001(1), Health and Safety Code, is
- 12 amended to read as follows:
- 13 (1) "Institutional health care provider" means a
- 14 nonpublic hospital that provides inpatient hospital services
- 15 [licensed under Chapter 241].
- SECTION 11. Section 293.101(b), Health and Safety Code, is
- 17 amended to read as follows:
- (b) Not later than the fifth [10th] day before the date of
- 19 the hearing required under Subsection (a), the commissioners court
- 20 of the county shall publish notice of the hearing in a newspaper of
- 21 general circulation in the county.
- SECTION 12. Section 293.103(c), Health and Safety Code, is
- 23 amended to read as follows:
- 24 (c) Money deposited to the local provider participation
- 25 fund may be used only to:
- 26 (1) fund intergovernmental transfers from the county
- 27 to the state to provide:

- 1 (A) the nonfederal share of a Medicaid
- 2 supplemental payment program authorized under the state Medicaid
- 3 plan, the Texas Healthcare Transformation and Quality Improvement
- 4 Program waiver issued under Section 1115 of the federal Social
- 5 Security Act (42 U.S.C. Section 1315), or a successor waiver
- 6 program authorizing similar Medicaid supplemental payment
- 7 programs; or
- 8 (B) payments to Medicaid managed care
- 9 organizations that are dedicated for payment to hospitals;
- 10 (2) subsidize indigent programs;
- 11 (3) pay the administrative expenses of the county
- 12 solely for activities under this chapter;
- 13 (4) refund a portion of a mandatory payment collected
- 14 in error from a paying hospital; [and]
- 15 (5) refund to paying hospitals the proportionate share
- 16 of money received by the county from the Health and Human Services
- 17 Commission that is not used to fund the nonfederal share of Medicaid
- 18 supplemental payment program payments; and
- 19 <u>(6)</u> refund to paying hospitals the proportionate share
- 20 of money that the county determines cannot be used to fund the
- 21 <u>nonfederal</u> share of Medicaid supplemental payment program
- 22 payments.
- 23 SECTION 13. Section 293.152, Health and Safety Code, is
- 24 amended to read as follows:
- Sec. 293.152. ASSESSMENT AND COLLECTION OF MANDATORY
- 26 PAYMENTS. The county may collect or, using a competitive bidding
- 27 process, contract for the assessment and collection of mandatory

- 1 payments authorized under this chapter [(a) Except as provided by
- Subsection (b), the county tax assessor-collector shall collect the
- 3 mandatory payment authorized under this chapter. The county tax
- 4 assessor-collector shall charge and deduct from mandatory payments
- 5 collected for the county a fee for collecting the mandatory payment
- 6 in an amount determined by the commissioners court of the county,
- 7 not to exceed the county tax assessor-collector's usual and
- 8 customary charges.
- 9 [(b) If determined by the commissioners court to be
- 10 appropriate, the commissioners court may contract for the
- 11 assessment and collection of mandatory payments in the manner
- 12 provided by Title 1, Tax Code, for the assessment and collection of
- 13 ad valorem taxes.
- 14 [(c) Revenue from a fee charged by a county tax
- 15 assessor-collector for collecting the mandatory payment shall be
- 16 deposited in the county general fund and, if appropriate, shall be
- 17 reported as fees of the county tax assessor-collector].
- SECTION 14. Section 294.001(1), Health and Safety Code, is
- 19 amended to read as follows:
- 20 (1) "Institutional health care provider" means a
- 21 nonpublic hospital that provides inpatient hospital services
- 22 [licensed under Chapter 241].
- 23 SECTION 15. Section 294.101(b), Health and Safety Code, is
- 24 amended to read as follows:
- (b) Not later than the fifth [10th] day before the date of
- 26 the hearing required under Subsection (a), the commissioners court
- 27 of the county shall publish notice of the hearing in a newspaper of

- 1 general circulation in the county.
- 2 SECTION 16. Section 294.103(c), Health and Safety Code, is
- 3 amended to read as follows:
- 4 (c) Money deposited to the local provider participation
- 5 fund may be used only to:
- 6 (1) fund intergovernmental transfers from the county
- 7 to the state to provide:
- 8 (A) the nonfederal share of a Medicaid
- 9 supplemental payment program authorized under the state Medicaid
- 10 plan, the Texas Healthcare Transformation and Quality Improvement
- 11 Program waiver issued under Section 1115 of the federal Social
- 12 Security Act (42 U.S.C. Section 1315), or a successor waiver
- 13 program authorizing similar Medicaid supplemental payment
- 14 programs; or
- 15 (B) payments to Medicaid managed care
- 16 organizations that are dedicated for payment to hospitals;
- 17 (2) subsidize indigent programs;
- 18 (3) pay the administrative expenses of the county
- 19 solely for activities under this chapter;
- 20 (4) refund a portion of a mandatory payment collected
- 21 in error from a paying hospital; [and]
- 22 (5) refund to paying hospitals the proportionate share
- 23 of money received by the county from the Health and Human Services
- 24 Commission that is not used to fund the nonfederal share of Medicaid
- 25 supplemental payment program payments; and
- 26 (6) refund to paying hospitals the proportionate share
- 27 of money that the county determines cannot be used to fund the

- 1 nonfederal share of Medicaid supplemental payment program
- 2 payments.
- 3 SECTION 17. Section 294.152, Health and Safety Code, is
- 4 amended to read as follows:
- 5 Sec. 294.152. ASSESSMENT AND COLLECTION OF MANDATORY
- 6 PAYMENTS. The county may collect or, using a competitive bidding
- 7 process, contract for the assessment and collection of mandatory
- 8 payments authorized under this chapter [(a) Except as provided by
- 9 Subsection (b), the county tax assessor-collector shall collect the
- 10 mandatory payment authorized under this chapter. The county tax
- 11 assessor-collector shall charge and deduct from mandatory payments
- 12 collected for the county a fee for collecting the mandatory payment
- 13 in an amount determined by the commissioners court of the county,
- 14 not to exceed the county tax assessor-collector's usual and
- 15 customary charges.
- 16 [(b) If determined by the commissioners court to be
- 17 appropriate, the commissioners court may contract for the
- 18 assessment and collection of mandatory payments in the manner
- 19 provided by Title 1, Tax Code, for the assessment and collection of
- 20 ad valorem taxes.
- 21 [(c) Revenue from a fee charged by a county tax
- 22 assessor-collector for collecting the mandatory payment shall be
- 23 deposited in the county general fund and, if appropriate, shall be
- 24 reported as fees of the county tax assessor-collector].
- 25 SECTION 18. Section 295.101(b), Health and Safety Code, is
- 26 amended to read as follows:
- (b) Not later than the fifth [10th] day before the date of

- 1 the hearing required under Subsection (a), the governing body of
- 2 the municipality shall publish notice of the hearing in a newspaper
- 3 of general circulation in the municipality.
- 4 SECTION 19. Section 295.103(c), Health and Safety Code, is
- 5 amended to read as follows:
- 6 (c) Money deposited to the local provider participation
- 7 fund may be used only to:
- 8 (1) fund intergovernmental transfers from the
- 9 municipality to the state to provide:
- 10 <u>(A)</u> the nonfederal share of a Medicaid
- 11 supplemental payment program authorized under the state Medicaid
- 12 plan, the Texas Healthcare Transformation and Quality Improvement
- 13 Program waiver issued under Section 1115 of the federal Social
- 14 Security Act (42 U.S.C. Section 1315), or a successor waiver
- 15 program authorizing similar Medicaid supplemental payment
- 16 programs; or
- (B) payments to Medicaid managed care
- 18 organizations that are dedicated for payment to hospitals;
- 19 (2) subsidize indigent programs;
- 20 (3) pay the administrative expenses of the
- 21 municipality solely for activities under this chapter;
- 22 (4) refund a portion of a mandatory payment collected
- 23 in error from a paying hospital; [and]
- 24 (5) refund to paying hospitals the proportionate share
- 25 of money received by the municipality from the Health and Human
- 26 Services Commission that is not used to fund the nonfederal share of
- 27 Medicaid supplemental payment program payments; and

- (6) refund to paying hospitals the proportionate share 1 of money that the governing body of the municipality determines 2 cannot be used to fund the nonfederal share of Medicaid 3 supplemental payment program payments. 4 5 SECTION 20. Section 295.152, Health and Safety Code, is amended to read as follows: 6 7 Sec. 295.152. ASSESSMENT AND COLLECTION OF 8 The municipality may collect or, using a competitive bidding process, contract for the assessment and collection of 9 10 mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the municipal tax assessor-collector 11 12 shall collect the mandatory payment authorized under this chapter. 13 The municipal tax assessor-collector shall charge and deduct from mandatory payments collected for the municipality a fee for 14
- [(b) If determined by the governing body to be appropriate,
 the governing body may contract for the assessment and collection
 of mandatory payments in the manner provided by Title 1, Tax Code,
 for the assessment and collection of ad valorem taxes.

assessor-collector's usual and customary charges.

collecting the mandatory payment in an amount determined by the

governing body of the municipality, not to exceed the municipal tax

- [(c) Revenue from a fee charged by a municipal tax assessor-collector for collecting the mandatory payment shall be deposited in the municipal general fund and, if appropriate, shall be reported as fees of the municipal tax assessor-collector].
- SECTION 21. Section 296.101(b), Health and Safety Code, is amended to read as follows:

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- 1 (b) Not later than the fifth [10th] day before the date of
- 2 the hearing required under Subsection (a), the commissioners court
- 3 of the county shall publish notice of the hearing in a newspaper of
- 4 general circulation in the county.
- 5 SECTION 22. Section 296.103(c), Health and Safety Code, is
- 6 amended to read as follows:
- 7 (c) Money deposited to the local provider participation
- 8 fund may be used only to:
- 9 (1) fund intergovernmental transfers from the county
- 10 to the state to provide:
- 11 (A) the nonfederal share of a Medicaid
- 12 supplemental payment program authorized under the state Medicaid
- 13 plan, the Texas Healthcare Transformation and Quality Improvement
- 14 Program waiver issued under Section 1115 of the federal Social
- 15 Security Act (42 U.S.C. Section 1315), or a successor waiver
- 16 program authorizing similar Medicaid supplemental payment
- 17 programs; or
- (B) payments to Medicaid managed care
- 19 organizations that are dedicated for payment to hospitals;
- 20 (2) subsidize indigent programs;
- 21 (3) pay the administrative expenses of the county
- 22 solely for activities under this chapter;
- 23 (4) refund a portion of a mandatory payment collected
- 24 in error from a paying hospital; [and]
- 25 (5) refund to paying hospitals the proportionate share
- 26 of money received by the county from the Health and Human Services
- 27 Commission that is not used to fund the nonfederal share of Medicaid

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1 supplemental payment program payments; and
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- 2 (6) refund to paying hospitals the proportionate share
- 3 of money that the county determines cannot be used to fund the
- 4 nonfederal share of Medicaid supplemental payment program
- 5 payments.
- 6 SECTION 23. Section 296.152, Health and Safety Code, is
- 7 amended to read as follows:
- 8 Sec. 296.152. ASSESSMENT AND COLLECTION OF MANDATORY
- 9 PAYMENTS. The county may collect or, using a competitive bidding
- 10 process, contract for the assessment and collection of mandatory
- 11 payments authorized under this chapter [(a) Except as provided by
- 12 Subsection (b), the county tax assessor-collector shall collect the
- 13 mandatory payment authorized under this chapter. The county tax
- 14 assessor-collector shall charge and deduct from mandatory payments
- 15 collected for the county a fee for collecting the mandatory payment
- 16 in an amount determined by the commissioners court of the county,
- 17 not to exceed the county tax assessor-collector's usual and
- 18 customary charges.
- 19 [(b) If determined by the commissioners court to be
- 20 appropriate, the commissioners court may contract for the
- 21 assessment and collection of mandatory payments in the manner
- 22 provided by Title 1, Tax Code, for the assessment and collection of
- 23 ad valorem taxes.
- 24 [(c) Revenue from a fee charged by a county tax
- 25 assessor-collector for collecting the mandatory payment shall be
- 26 deposited in the county general fund and, if appropriate, shall be
- 27 reported as fees of the county tax assessor-collector].

- 1 SECTION 24. Section 297.001(1), Health and Safety Code, is
- 2 amended to read as follows:
- 3 (1) "Institutional health care provider" means a
- 4 nonpublic hospital that provides inpatient hospital services
- 5 [licensed under Chapter 241].
- 6 SECTION 25. Section 297.101(b), Health and Safety Code, is
- 7 amended to read as follows:
- 8 (b) Not later than the $\underline{\text{fifth}}$ [10th] day before the date of
- 9 the hearing required under Subsection (a), the commissioners court
- 10 of the county shall publish notice of the hearing in a newspaper of
- 11 general circulation in the county.
- SECTION 26. Section 297.103(c), Health and Safety Code, is
- 13 amended to read as follows:
- 14 (c) Money deposited to the local provider participation
- 15 fund may be used only to:
- 16 (1) fund intergovernmental transfers from the county
- 17 to the state to provide:
- (A) the nonfederal share of a Medicaid
- 19 supplemental payment program authorized under the state Medicaid
- 20 plan, the Texas Healthcare Transformation and Quality Improvement
- 21 Program waiver issued under Section 1115 of the federal Social
- 22 Security Act (42 U.S.C. Section 1315), or a successor waiver
- 23 program authorizing similar Medicaid supplemental payment
- 24 programs; or
- (B) payments to Medicaid managed care
- 26 organizations that are dedicated for payment to hospitals;
- 27 (2) subsidize indigent programs;

- 1 (3) pay the administrative expenses of the county
- 2 solely for activities under this chapter;
- 3 (4) refund a portion of a mandatory payment collected
- 4 in error from a paying hospital; [and]
- 5 (5) refund to paying hospitals the proportionate share
- 6 of money received by the county from the Health and Human Services
- 7 Commission that is not used to fund the nonfederal share of Medicaid
- 8 supplemental payment program payments; and
- 9 (6) refund to paying hospitals the proportionate share
- 10 of money that the county determines cannot be used to fund the
- 11 nonfederal share of Medicaid supplemental payment program
- 12 payments.
- SECTION 27. Section 297.152, Health and Safety Code, is
- 14 amended to read as follows:
- 15 Sec. 297.152. ASSESSMENT AND COLLECTION OF MANDATORY
- 16 PAYMENTS. The county may collect or, using a competitive bidding
- 17 process, contract for the assessment and collection of mandatory
- 18 payments authorized under this chapter [(a) Except as provided by
- 19 Subsection (b), the county tax assessor-collector shall collect the
- 20 mandatory payment authorized under this chapter. The county tax
- 21 assessor-collector shall charge and deduct from mandatory payments
- 22 collected for the county a fee for collecting the mandatory payment
- 23 in an amount determined by the commissioners court of the county,
- 24 not to exceed the county tax assessor-collector's usual and
- 25 customary charges.
- 26 [(b) If determined by the commissioners court to be
- 27 appropriate, the commissioners court may contract for the

- 1 assessment and collection of mandatory payments in the manner
- 2 provided by Title 1, Tax Code, for the assessment and collection of
- 3 ad valorem taxes.
- 4 [(c) Revenue from a fee charged by a county tax
- 5 assessor-collector for collecting the mandatory payment shall be
- 6 deposited in the county general fund and, if appropriate, shall be
- 7 reported as fees of the county tax assessor-collector].
- 8 SECTION 28. Subtitle D, Title 4, Health and Safety Code, is
- 9 amended by adding Chapter 298B to read as follows:
- 10 CHAPTER 298B. TARRANT COUNTY HOSPITAL DISTRICT HEALTH CARE PROVIDER
- 11 PARTICIPATION PROGRAM
- 12 SUBCHAPTER A. GENERAL PROVISIONS
- Sec. 298B.001. DEFINITIONS. In this chapter:
- 14 (1) "Board" means the board of hospital managers of
- 15 the district.
- 16 (2) "District" means the Tarrant County Hospital
- 17 District.
- 18 (3) "Institutional health care provider" means a
- 19 nonpublic hospital located in the district that provides inpatient
- 20 hospital services.
- 21 (4) "Paying provider" means an institutional health
- 22 care provider required to make a mandatory payment under this
- 23 chapter.
- (5) "Program" means the health care provider
- 25 participation program authorized by this chapter.
- Sec. 298B.002. APPLICABILITY. This chapter applies only to
- 27 the Tarrant County Hospital District.

- S.B. No. 1462
- 1 Sec. 298B.003. HEALTH CARE PROVIDER PARTICIPATION PROGRAM;
- 2 PARTICIPATION IN PROGRAM. The board may authorize the district to
- 3 participate in a health care provider participation program on the
- 4 affirmative vote of a majority of the board, subject to the
- 5 provisions of this chapter.
- 6 Sec. 298B.004. EXPIRATION OF AUTHORITY. (a) Subject to
- 7 Sections 298B.153(d) and 298B.154, the authority of the district to
- 8 administer and operate a program under this chapter expires
- 9 December 31, 2019.
- (b) Subsection (a) does not affect the authority of the
- 11 district to require and collect a mandatory payment under Section
- 12 298B.154 after December 31, 2019, if necessary.
- SUBCHAPTER B. POWERS AND DUTIES OF BOARD
- 14 Sec. 298B.051. LIMITATION ON AUTHORITY TO REQUIRE MANDATORY
- 15 PAYMENT. The board may require a mandatory payment authorized
- 16 under this chapter by an institutional health care provider in the
- 17 district only in the manner provided by this chapter.
- 18 Sec. 298B.052. RULES AND PROCEDURES. The board may adopt
- 19 rules relating to the administration of the program, including
- 20 collection of the mandatory payments, expenditures, audits, and any
- 21 other administrative aspects of the program.
- Sec. 298B.053. INSTITUTIONAL HEALTH CARE PROVIDER
- 23 REPORTING. If the board authorizes the district to participate in a
- 24 program under this chapter, the board shall require each
- 25 institutional health care provider to submit to the district a copy
- 26 of any financial and utilization data required by and reported to
- 27 the Department of State Health Services under Sections 311.032 and

- 1 311.033 and any rules adopted by the executive commissioner of the
- 2 <u>Health and Human Services Commission to implement those sections.</u>
- 3 SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS
- 4 Sec. 298B.101. HEARING. (a) In each year that the board
- 5 authorizes a program under this chapter, the board shall hold a
- 6 public hearing on the amounts of any mandatory payments that the
- 7 board intends to require during the year and how the revenue derived
- 8 from those payments is to be spent.
- 9 (b) Not later than the fifth day before the date of the
- 10 hearing required under Subsection (a), the board shall publish
- 11 notice of the hearing in a newspaper of general circulation in the
- 12 district and provide written notice of the hearing to each
- 13 <u>institutional health care provider in the district.</u>
- Sec. 298B.102. DEPOSITORY. (a) If the board requires a
- 15 mandatory payment authorized under this chapter, the board shall
- 16 designate one or more banks as a depository for the district's local
- 17 provider participation fund.
- (b) All funds collected under this chapter shall be secured
- in the manner provided for securing other district funds.
- 20 <u>Sec. 298B.103. LOCAL</u> PROVIDER PARTICIPATION FUND;
- 21 AUTHORIZED USES OF MONEY. (a) If the district requires a mandatory
- 22 payment authorized under this chapter, the district shall create a
- 23 <u>local provider participation fund</u>.
- (b) The local provider participation fund consists of:
- 25 <u>(1) all revenue received by the district attributable</u>
- 26 to mandatory payments authorized under this chapter;
- 27 (2) money received from the Health and Human Services

- 1 Commission as a refund of an intergovernmental transfer under the
- 2 program, provided that the intergovernmental transfer does not
- 3 receive a federal matching payment; and
- 4 (3) the earnings of the fund.
- 5 (c) Money deposited to the local provider participation
- 6 fund of the district may be used only to:
- 7 (1) fund intergovernmental transfers from the
- 8 district to the state to provide the nonfederal share of Medicaid
- 9 payments for:
- 10 (A) uncompensated care payments to nonpublic
- 11 hospitals affiliated with the district, if those payments are
- 12 authorized under the Texas Healthcare Transformation and Quality
- 13 Improvement Program waiver issued under Section 1115 of the federal
- 14 Social Security Act (42 U.S.C. Section 1315);
- (B) uniform rate enhancements for nonpublic
- 16 hospitals in the Medicaid managed care service area in which the
- 17 district is located;
- (C) payments available under another waiver
- 19 program authorizing payments that are substantially similar to
- 20 Medicaid payments to nonpublic hospitals described by Paragraph (A)
- 21 or (B); or
- (D) any reimbursement to nonpublic hospitals for
- 23 which federal matching funds are available;
- (2) subject to Section 298B.151(d), pay the
- 25 administrative expenses of the district in administering the
- 26 program, including collateralization of deposits;
- 27 (3) refund a mandatory payment collected in error from

- 1 a paying provider;
- 2 <u>(4) refund to paying providers a proportionate share</u>
- 3 of the money that the district:
- 4 (A) receives from the Health and Human Services
- 5 Commission that is not used to fund the nonfederal share of Medicaid
- 6 supplemental payment program payments; or
- 7 (B) determines cannot be used to fund the
- 8 nonfederal share of Medicaid supplemental payment program
- 9 payments;
- 10 <u>(5)</u> transfer funds to the Health and Human Services
- 11 Commission if the district is legally required to transfer the
- 12 <u>funds to address a disallowance of federal matching funds with</u>
- 13 respect to programs for which the district made intergovernmental
- 14 transfers described by Subdivision (1); and
- 15 (6) reimburse the district if the district is required
- 16 by the rules governing the uniform rate enhancement program
- 17 described by Subdivision (1)(B) to incur an expense or forego
- 18 Medicaid reimbursements from the state because the balance of the
- 19 local provider participation fund is not sufficient to fund that
- 20 rate enhancement program.
- 21 (d) Money in the local provider participation fund may not
- 22 be commingled with other district funds.
- (e) Notwithstanding any other provision of this chapter,
- 24 with respect to an intergovernmental transfer of funds described by
- 25 Subsection (c)(1) made by the district, any funds received by the
- 26 state, district, or other entity as a result of that transfer may
- 27 not be used by the state, district, or any other entity to:

- 1 (1) expand Medicaid eligibility under the Patient
- 2 Protection and Affordable Care Act (Pub. L. No. 111-148) as amended
- 3 by the Health Care and Education Reconciliation Act of 2010 (Pub. L.
- 4 No. 111-152); or
- 5 (2) fund the nonfederal share of payments to nonpublic
- 6 hospitals available through the Medicaid disproportionate share
- 7 hospital program or the delivery system reform incentive payment
- 8 program.
- 9 <u>SUBCHAPTER D. MANDATORY PAYMENTS</u>
- Sec. 298B.151. MANDATORY PAYMENTS BASED ON PAYING PROVIDER
- 11 NET PATIENT REVENUE. (a) Except as provided by Subsection (e), if
- 12 the board authorizes a health care provider participation program
- 13 under this chapter, the board may require an annual mandatory
- 14 payment to be assessed on the net patient revenue of each
- 15 <u>institutional</u> health care provider located in the district. The
- 16 board may provide for the mandatory payment to be assessed
- 17 quarterly. In the first year in which the mandatory payment is
- 18 required, the mandatory payment is assessed on the net patient
- 19 revenue of an institutional health care provider as determined by
- 20 the data reported to the Department of State Health Services under
- 21 Sections 311.032 and 311.033 in the most recent fiscal year for
- 22 which that data was reported. If the institutional health care
- 23 provider did not report any data under those sections, the
- 24 provider's net patient revenue is the amount of that revenue as
- 25 contained in the provider's Medicare cost report submitted for the
- 26 previous fiscal year or for the closest subsequent fiscal year for
- 27 which the provider submitted the Medicare cost report. If the

- 1 mandatory payment is required, the district shall update the amount
- 2 of the mandatory payment on an annual basis.
- 3 (b) The amount of a mandatory payment authorized under this
- 4 chapter must be uniformly proportionate with the amount of net
- 5 patient revenue generated by each paying provider in the district
- 6 as permitted under federal law. A health care provider
- 7 participation program authorized under this chapter may not hold
- 8 harmless any institutional health care provider, as required under
- 9 42 U.S.C. Section 1396b(w).
- 10 (c) If the board requires a mandatory payment authorized
- 11 under this chapter, the board shall set the amount of the mandatory
- 12 payment, subject to the limitations of this chapter. The aggregate
- 13 amount of the mandatory payments required of all paying providers
- 14 in the district may not exceed six percent of the aggregate net
- 15 patient revenue from hospital services provided by all paying
- 16 providers in the district.
- (d) Subject to Subsection (c), if the board requires a
- 18 mandatory payment authorized under this chapter, the board shall
- 19 set the mandatory payments in amounts that in the aggregate will
- 20 generate sufficient revenue to cover the administrative expenses of
- 21 the district for activities under this chapter and to fund an
- 22 intergovernmental transfer described by Section 298B.103(c)(1).
- 23 The annual amount of revenue from mandatory payments that shall be
- 24 paid for administrative expenses by the district is \$150,000, plus
- 25 the cost of collateralization of deposits, regardless of actual
- 26 expenses.
- (e) A paying provider may not add a mandatory payment

- 1 required under this section as a surcharge to a patient.
- 2 (f) A mandatory payment assessed under this chapter is not a
- 3 tax for hospital purposes for purposes of Section 4, Article IX,
- 4 Texas Constitution, or Section 281.045.
- 5 Sec. 298B.152. ASSESSMENT AND COLLECTION OF MANDATORY
- 6 PAYMENTS. (a) The district may designate an official of the
- 7 <u>district or contract with another person to assess and collect the</u>
- 8 mandatory payments authorized under this chapter.
- 9 (b) The person charged by the district with the assessment
- 10 and collection of mandatory payments shall charge and deduct from
- 11 the mandatory payments collected for the district a collection fee
- 12 <u>in an amount not to exceed the person's usual and customary charges</u>
- 13 for like services.
- (c) If the person charged with the assessment and collection
- of mandatory payments is an official of the district, any revenue
- 16 from a collection fee charged under Subsection (b) shall be
- 17 deposited in the district general fund and, if appropriate, shall
- 18 <u>be reported as fees of the district.</u>
- 19 Sec. 298B.153. PURPOSE; CORRECTION OF INVALID PROVISION OR
- 20 PROCEDURE; LIMITATION OF AUTHORITY. (a) The purpose of this chapter
- 21 is to authorize the district to establish a program to enable the
- 22 district to collect mandatory payments from institutional health
- 23 care providers to fund the nonfederal share of a Medicaid
- 24 supplemental payment program or the Medicaid managed care rate
- 25 enhancements for nonpublic hospitals to support the provision of
- 26 health care by institutional health care providers to district
- 27 <u>residents in need of health care.</u>

- 1 (b) This chapter does not authorize the district to collect
 2 mandatory payments for the purpose of raising general revenue or
 3 any amount in excess of the amount reasonably necessary to fund the
 4 nonfederal share of a Medicaid supplemental payment program or
 5 Medicaid managed care rate enhancements for nonpublic hospitals and
 6 to cover the administrative expenses of the district associated
 7 with activities under this chapter.
- 8 (c) To the extent any provision or procedure under this 9 chapter causes a mandatory payment authorized under this chapter to 10 be ineligible for federal matching funds, the board may provide by 11 rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for Medicare and Medicaid 12 13 Services. A rule adopted under this section may not create, impose, 14 or materially expand the legal or financial liability or 15 responsibility of the district or an institutional health care provider in the district beyond the provisions of this chapter. 16 17 This section does not require the board to adopt a rule.
- 18 <u>(d) The district may only assess and collect a mandatory</u>
 19 payment authorized under this chapter if a waiver program, uniform
 20 rate enhancement, or reimbursement described by Section
 21 298B.103(c)(1) is available to the district.
- Sec. 298B.154. FEDERAL DISALLOWANCE. Notwithstanding any other provision of this chapter, if the Centers for Medicare and Medicaid Services issues a disallowance of federal matching funds for a purpose for which intergovernmental transfers described by Section 298B.103(c)(1) were made and the Health and Human Services Commission demands repayment from the district of federal funds

- 1 paid to the district for that purpose, the district may require and
- 2 collect mandatory payments from each paying provider that received
- 3 those federal funds in an amount sufficient to satisfy the
- 4 repayment demand made by the commission. The percentage limitation
- 5 prescribed by Section 298B.151(c) does not apply to a mandatory
- 6 payment required under this section.
- 7 SECTION 29. As soon as practicable after the expiration of
- 8 the authority of the Tarrant County Hospital District to administer
- 9 and operate a health care provider participation program under
- 10 Chapter 298B, Health and Safety Code, as added by this Act, the
- 11 board of hospital managers of the Tarrant County Hospital District
- 12 shall transfer to each institutional health care provider in the
- 13 district that provider's proportionate share of any remaining funds
- 14 in any local provider participation fund created by the district
- 15 under Section 298B.103, Health and Safety Code, as added by this
- 16 Act.
- 17 SECTION 30. If before implementing any provision of Chapter
- 18 298B, Health and Safety Code, as added by this Act, a state agency
- 19 determines that a waiver or authorization from a federal agency is
- 20 necessary for implementation of that provision, the agency affected
- 21 by the provision shall request the waiver or authorization and may
- 22 delay implementing that provision until the waiver or authorization
- 23 is granted.
- 24 SECTION 31. This Act takes effect immediately if it
- 25 receives a vote of two-thirds of all the members elected to each
- 26 house, as provided by Section 39, Article III, Texas Constitution.
- 27 If this Act does not receive the vote necessary for immediate

1 effect, this Act takes effect September 1, 2017.

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SENATE VERSION

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CONFERENCE

No equivalent provision.

SECTION __. Section 288.151(b), Health and Safety Code, is amended to read as follows:

(b) Not later than the <u>fifth</u> [10th] day before the date of the hearing, the commission shall publish at least once notice of the hearing in a newspaper of general circulation in the county in which the district is located. [FA1(1)]

SECTION 1. Same as House version.

SECTION 1. Section 288.155(c), Health and Safety Code, is amended.

SECTION 1. Same as Senate version.

SECTION 2. Same as Senate version.

SECTION 2. Among other provisions, Section 288.202, Health and Safety Code, is amended to read as follows:
Sec. 288.202. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The district may collect or contract for the assessment and collection of mandatory payments required under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect a mandatory payment required under this subchapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the district a fee for collecting the mandatory payment in an amount determined by the commission, not to exceed the county tax assessor collector's usual and customary charges.

SECTION 2. Same as Senate version except as follows:

Sec. 288.202. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The district may collect or,

using a competitive bidding process, contract for the

assessment and collection of mandatory payments required

under this chapter [(a) Except as provided by Subsection (b),

the county tax assessor-collector shall collect a mandatory

payment required under this subchapter. The county tax assessor collector shall charge and deduct from mandatory

payments collected for the district a fee for collecting the mandatory payment in an amount determined by the

commission, not to exceed the county tax assessor collector's

SECTION 3. Same as House version.

SECTION __. Section 291.101(b), Health and Safety Code, is amended to read as follows:

usual and customary charges. [FA2(1)]

SECTION 4. Same as House version.

No equivalent provision.

(b) Not later than the <u>fifth</u> [10th] day before the date of the hearing required under Subsection (a), the commissioners court of the county shall publish notice of the hearing in a newspaper of general circulation in the county. [FA1(2)]

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SENATE VERSION

SECTION 3. Section 291.103(c), Health and Safety Code, is amended.

SECTION 4. Among other provisions, Section 291.152, Health and Safety Code, is amended to read as follows:
Sec. 291.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges.

No equivalent provision.

SECTION 5. Section 292.103(c), Health and Safety Code, is amended.

SECTION 6. Among other provisions, Section 292.152, Health and Safety Code, is amended to read as follows: Sec. 292.152. ASSESSMENT AND COLLECTION OF

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SECTION 3. Same as Senate version.

SECTION 4. Same as Senate version except as follows:

Sec. 291.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or, using a competitive bidding process, contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges. [FA2(2)]

SECTION ___. Section 292.101(b), Health and Safety Code, is amended to read as follows:

(b) Not later than the <u>fifth</u> [10th] day before the date of the hearing required under Subsection (a), the commissioners court of the county shall publish notice of the hearing in a newspaper of general circulation in the county. [FA1(3)]

SECTION 5. Same as Senate version.

SECTION 6. Same as Senate version except as follows:

Sec. 292.152. ASSESSMENT AND COLLECTION OF

CONFERENCE

SECTION 5. Same as Senate version.

SECTION 6. Same as House version.

SECTION 7. Same as House version.

SECTION 8. Same as Senate version.

SECTION 9. Same as House version.

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MANDATORY PAYMENTS. The county may collect or contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges.

SECTION 7. Section 293.001(1), Health and Safety Code, is amended.

No equivalent provision.

SECTION 8. Section 293.103(c), Health and Safety Code, is amended.

SECTION 9. Among other provisions, Section 293.152, Health and Safety Code, is amended to read as follows:
Sec. 293.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as

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MANDATORY PAYMENTS. The county may collect or, using a competitive bidding process, contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges. [FA2(3)]

SECTION 7. Same as Senate version.

SECTION ___. Section 293.101(b), Health and Safety Code, is amended to read as follows:

(b) Not later than the <u>fifth</u> [10th] day before the date of the hearing required under Subsection (a), the commissioners court of the county shall publish notice of the hearing in a newspaper of general circulation in the county. [FA1(4)]

SECTION 8. Same as Senate version.

SECTION 9. Same as Senate version except as follows:

Sec. 293.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or, using a competitive bidding process, contract for the assessment and collection of mandatory payments authorized

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SECTION 10. Same as Senate version.

SECTION 11. Same as House version.

SECTION 12. Same as Senate version.

SECTION 13. Same as House version.

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provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges.

SECTION 10. Section 294.001(1), Health and Safety Code, is amended.

No equivalent provision.

SECTION 11. Section 294.103(c), Health and Safety Code, is amended.

SECTION 12. Among other provisions, Section 294.152, Health and Safety Code, is amended to read as follows:

Sec. 294.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and

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under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges. [FA2(4)]

SECTION 10. Same as Senate version.

SECTION __. Section 294.101(b), Health and Safety Code, is amended to read as follows:

(b) Not later than the <u>fifth</u> [10th] day before the date of the hearing required under Subsection (a), the commissioners court of the county shall publish notice of the hearing in a newspaper of general circulation in the county. [FA1(5)]

SECTION 11. Same as Senate version.

SECTION 12. Same as Senate version except as follows:

Sec. 294.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or, using a competitive bidding process, contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax

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SECTION 14. Same as Senate version.

SECTION 15. Same as House version.

SECTION 16. Same as Senate version.

SECTION 17. Same as House version.

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deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor-collector's usual and customary charges.

No equivalent provision.

SECTION 13. Section 295.103(c), Health and Safety Code, is amended.

SECTION 14. Among other provisions, Section 295.152, Health and Safety Code, is amended to read as follows:
Sec. 295.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The municipality may collect or contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the municipal tax assessor collector shall collect the mandatory payment authorized under this chapter. The municipal tax assessor collector shall charge and deduct from mandatory payments collected for the municipality a fee for collecting the mandatory payment in an amount determined by the governing body of the municipality, not to exceed the municipal tax assessor collector's usual and customary charges.

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assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges. [FA2(5)]

SECTION ___. Section 295.101(b), Health and Safety Code, is amended to read as follows:

(b) Not later than the <u>fifth</u> [10th] day before the date of the hearing required under Subsection (a), the governing body of the municipality shall publish notice of the hearing in a newspaper of general circulation in the municipality. [FA1(6)]

SECTION 13. Same as Senate version.

SECTION 14. Same as Senate version except as follows:

Sec. 295.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The municipality may collect or, using a competitive bidding process, contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the municipal tax assessor collector shall collect the mandatory payment authorized under this chapter. The municipal tax assessor collector shall charge and deduct from mandatory payments collected for the municipality a fee for collecting the mandatory payment in an amount determined by the governing body of the municipality, not to exceed the municipal tax assessor collector's usual and customary

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SECTION 18. Same as House version.

SECTION 19. Same as Senate version.

SECTION 20. Same as House version.

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CONFERENCE

No equivalent provision.

charges. [FA2(6)]

SECTION __. Section 296.101(b), Health and Safety Code, is amended to read as follows:

(b) Not later than the <u>fifth</u> [10th] day before the date of the hearing required under Subsection (a), the commissioners court of the county shall publish notice of the hearing in a newspaper of general circulation in the county. [FA1(7)]

SECTION 21. Same as House version.

SECTION 15. Section 296.103(c), Health and Safety Code, is amended.

SECTION 15. Same as Senate version.

SECTION 22. Same as Senate version.

SECTION 16. Among other provisions, Section 296.152, Health and Safety Code, is amended to read as follows:
Sec. 296.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary

SECTION 16. Same as Senate version except as follows:

SECTION 23. Same as House version.

SECTION 17. Section 297.001(1), Health and Safety Code, is amended.

Sec. 296.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or, using a competitive bidding process, contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges. [FA2(7)]

SECTION 17. Same as Senate version.

SECTION 24. Same as Senate version.

charges.

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HOUSE VERSION (IE)

CONFERENCE

No equivalent provision.

SECTION __. Section 297.101(b), Health and Safety Code, is amended to read as follows:

(b) Not later than the <u>fifth</u> [10th] day before the date of the hearing required under Subsection (a), the commissioners court of the county shall publish notice of the hearing in a newspaper of general circulation in the county. [FA1(8)]

SECTION 25. Same as House version.

SECTION 18. Section 297.103(c), Health and Safety Code, is amended.

SECTION 18. Same as Senate version.

SECTION 26. Same as Senate version.

SECTION 19. Among other provisions, Section 297.152, Health and Safety Code, is amended to read as follows:

Sec. 297.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. The county may collect or contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a

fee for collecting the mandatory payment in an amount

determined by the commissioners court of the county, not to

exceed the county tax assessor-collector's usual and customary

SECTION 19. Same as Senate version except as follows:

Sec. 297.152. ASSESSMENT AND COLLECTION OF

SECTION 27. Same as House version.

MANDATORY PAYMENTS. The county may collect or, using a competitive bidding process, contract for the assessment and collection of mandatory payments authorized under this chapter [(a) Except as provided by Subsection (b), the county tax assessor collector shall collect the mandatory payment authorized under this chapter. The county tax assessor collector shall charge and deduct from mandatory payments collected for the county a fee for collecting the mandatory payment in an amount determined by the commissioners court of the county, not to exceed the county tax assessor collector's usual and customary charges. [FA2(8)]

7

No equivalent provision.

charges.

Same as Senate version.

SECTION 28. Subtitle D, Title 4, Health and Safety Code, is amended by adding Chapter 298B to read as follows:

CHAPTER 298B. TARRANT COUNTY HOSPITAL DISTRICT HEALTH CARE PROVIDER PARTICIPATION PROGRAM

SUBCHAPTER A. GENERAL PROVISIONS

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- Sec. 298B.001. DEFINITIONS. In this chapter:
- (1) "Board" means the board of hospital managers of the district.
- (2) "District" means the Tarrant County Hospital District.
- (3) "Institutional health care provider" means a nonpublic hospital located in the district that provides inpatient hospital services.
- (4) "Paying provider" means an institutional health care provider required to make a mandatory payment under this chapter.
- (5) "Program" means the health care provider participation program authorized by this chapter.
- <u>Sec. 298B.002. APPLICABILITY. This chapter applies only to the Tarrant County Hospital District.</u>
- Sec. 298B.003. HEALTH CARE PROVIDER PARTICIPATION PROGRAM; PARTICIPATION IN PROGRAM. The board may authorize the district to participate in a health care provider participation program on the affirmative vote of a majority of the board, subject to the provisions of this chapter.
- Sec. 298B.004. EXPIRATION OF AUTHORITY. (a) Subject to Sections 298B.153(d) and 298B.154, the authority of the district to administer and operate a program under this chapter expires December 31, 2019.
- (b) Subsection (a) does not affect the authority of the district to require and collect a mandatory payment under Section 298B.154 after December 31, 2019, if necessary.

SUBCHAPTER B. POWERS AND DUTIES OF BOARD
Sec. 298B.051. LIMITATION ON AUTHORITY TO
REQUIRE MANDATORY PAYMENT. The board may require a mandatory payment authorized under this chapter by an institutional health care provider in the district only in the

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CONFERENCE

manner provided by this chapter.

Sec. 298B.052. RULES AND PROCEDURES. The board may adopt rules relating to the administration of the program, including collection of the mandatory payments, expenditures, audits, and any other administrative aspects of the program.

Sec. 298B.053. INSTITUTIONAL HEALTH CARE PROVIDER REPORTING. If the board authorizes the district to participate in a program under this chapter, the board shall require each institutional health care provider to submit to the district a copy of any financial and utilization

board shall require each institutional health care provider to submit to the district a copy of any financial and utilization data required by and reported to the Department of State Health Services under Sections 311.032 and 311.033 and any rules adopted by the executive commissioner of the Health and Human Services Commission to implement those sections.

SUBCHAPTER C. GENERAL FINANCIAL PROVISIONS
Sec. 298B.101. HEARING. (a) In each year that the board authorizes a program under this chapter, the board shall hold a public hearing on the amounts of any mandatory payments that the board intends to require during the year and how the revenue derived from those payments is to be spent.

- (b) Not later than the fifth day before the date of the hearing required under Subsection (a), the board shall publish notice of the hearing in a newspaper of general circulation in the district and provide written notice of the hearing to each institutional health care provider in the district.
- Sec. 298B.102. DEPOSITORY. (a) If the board requires a mandatory payment authorized under this chapter, the board shall designate one or more banks as a depository for the district's local provider participation fund.
- (b) All funds collected under this chapter shall be secured in the manner provided for securing other district funds.

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- Sec. 298B.103. LOCAL PROVIDER PARTICIPATION FUND; AUTHORIZED USES OF MONEY. (a) If the district requires a mandatory payment authorized under this chapter, the district shall create a local provider participation fund.
- (b) The local provider participation fund consists of:
- (1) all revenue received by the district attributable to mandatory payments authorized under this chapter;
- (2) money received from the Health and Human Services Commission as a refund of an intergovernmental transfer under the program, provided that the intergovernmental transfer does not receive a federal matching payment; and
- (3) the earnings of the fund.
- (c) Money deposited to the local provider participation fund of the district may be used only to:
- (1) fund intergovernmental transfers from the district to the state to provide the nonfederal share of Medicaid payments for:
- (A) uncompensated care payments to nonpublic hospitals affiliated with the district, if those payments are authorized under the Texas Healthcare Transformation and Quality Improvement Program waiver issued under Section 1115 of the federal Social Security Act (42 U.S.C. Section 1315);
- (B) uniform rate enhancements for nonpublic hospitals in the Medicaid managed care service area in which the district is located;
- (C) payments available under another waiver program authorizing payments that are substantially similar to Medicaid payments to nonpublic hospitals described by Paragraph (A) or (B); or
- (D) any reimbursement to nonpublic hospitals for which federal matching funds are available;

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- (2) subject to Section 298B.151(d), pay the administrative expenses of the district in administering the program, including collateralization of deposits;
- (3) refund a mandatory payment collected in error from a paying provider;
- (4) refund to paying providers a proportionate share of the money that the district:
- (A) receives from the Health and Human Services Commission that is not used to fund the nonfederal share of Medicaid supplemental payment program payments; or
- (B) determines cannot be used to fund the nonfederal share of Medicaid supplemental payment program payments;
- (5) transfer funds to the Health and Human Services Commission if the district is legally required to transfer the funds to address a disallowance of federal matching funds with respect to programs for which the district made intergovernmental transfers described by Subdivision (1); and (6) reimburse the district if the district is required by the rules governing the uniform rate enhancement program described by Subdivision (1)(B) to incur an expense or forego Medicaid reimbursements from the state because the balance of the local provider participation fund is not sufficient to fund that rate enhancement program.
- (d) Money in the local provider participation fund may not be commingled with other district funds.
- (e) Notwithstanding any other provision of this chapter, with respect to an intergovernmental transfer of funds described by Subsection (c)(1) made by the district, any funds received by the state, district, or other entity as a result of that transfer may not be used by the state, district, or any other entity to:
- (1) expand Medicaid eligibility under the Patient Protection and Affordable Care Act (Pub. L. No. 111-148) as amended

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by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152); or

(2) fund the nonfederal share of payments to nonpublic hospitals available through the Medicaid disproportionate share hospital program or the delivery system reform incentive payment program.

SUBCHAPTER D. MANDATORY PAYMENTS

Sec. 298B.151. MANDATORY PAYMENTS BASED ON PAYING PROVIDER NET PATIENT REVENUE. (a) Except as provided by Subsection (e), if the board authorizes a health care provider participation program under this chapter, the board may require an annual mandatory payment to be assessed on the net patient revenue of each institutional health care provider located in the district. The board may provide for the mandatory payment to be assessed quarterly. In the first year in which the mandatory payment is required, the mandatory payment is assessed on the net patient revenue of an institutional health care provider as determined by the data reported to the Department of State Health Services under Sections 311.032 and 311.033 in the most recent fiscal year for which that data was reported. If the institutional health care provider did not report any data under those sections, the provider's net patient revenue is the amount of that revenue as contained in the provider's Medicare cost report submitted for the previous fiscal year or for the closest subsequent fiscal year for which the provider submitted the Medicare cost report. If the mandatory payment is required, the district shall update the amount of the mandatory payment on an annual basis.

(b) The amount of a mandatory payment authorized under this chapter must be uniformly proportionate with the amount of net patient revenue generated by each paying provider in

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the district as permitted under federal law. A health care provider participation program authorized under this chapter may not hold harmless any institutional health care provider, as required under 42 U.S.C. Section 1396b(w).

- (c) If the board requires a mandatory payment authorized under this chapter, the board shall set the amount of the mandatory payment, subject to the limitations of this chapter. The aggregate amount of the mandatory payments required of all paying providers in the district may not exceed six percent of the aggregate net patient revenue from hospital services provided by all paying providers in the district.
- (d) Subject to Subsection (c), if the board requires a mandatory payment authorized under this chapter, the board shall set the mandatory payments in amounts that in the aggregate will generate sufficient revenue to cover the administrative expenses of the district for activities under this chapter and to fund an intergovernmental transfer described by Section 298B.103(c)(1). The annual amount of revenue from mandatory payments that shall be paid for administrative expenses by the district is \$150,000, plus the cost of collateralization of deposits, regardless of actual expenses.
- (e) A paying provider may not add a mandatory payment required under this section as a surcharge to a patient.
- (f) A mandatory payment assessed under this chapter is not a tax for hospital purposes for purposes of Section 4, Article IX, Texas Constitution, or Section 281.045.
- Sec. 298B.152. ASSESSMENT AND COLLECTION OF MANDATORY PAYMENTS. (a) The district may designate an official of the district or contract with another person to assess and collect the mandatory payments authorized under this chapter.
- (b) The person charged by the district with the assessment

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and collection of mandatory payments shall charge and deduct from the mandatory payments collected for the district a collection fee in an amount not to exceed the person's usual and customary charges for like services.

(c) If the person charged with the assessment and collection of mandatory payments is an official of the district, any revenue from a collection fee charged under Subsection (b) shall be deposited in the district general fund and, if appropriate, shall be reported as fees of the district.

Sec. 298B.153. PURPOSE; CORRECTION OF INVALID PROVISION OR PROCEDURE; LIMITATION OF AUTHORITY. (a) The purpose of this chapter is to authorize the district to establish a program to enable the district to collect mandatory payments from institutional health care providers to fund the nonfederal share of a Medicaid supplemental payment program or the Medicaid managed care rate enhancements for nonpublic hospitals to support the provision of health care by institutional health care providers to district residents in need of health care.

- (b) This chapter does not authorize the district to collect mandatory payments for the purpose of raising general revenue or any amount in excess of the amount reasonably necessary to fund the nonfederal share of a Medicaid supplemental payment program or Medicaid managed care rate enhancements for nonpublic hospitals and to cover the administrative expenses of the district associated with activities under this chapter.
- (c) To the extent any provision or procedure under this chapter causes a mandatory payment authorized under this chapter to be ineligible for federal matching funds, the board may provide by rule for an alternative provision or procedure that conforms to the requirements of the federal Centers for

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Medicare and Medicaid Services. A rule adopted under this section may not create, impose, or materially expand the legal or financial liability or responsibility of the district or an institutional health care provider in the district beyond the provisions of this chapter. This section does not require the board to adopt a rule.

(d) The district may only assess and collect a mandatory payment authorized under this chapter if a waiver program, uniform rate enhancement, or reimbursement described by Section 298B.103(c)(1) is available to the district.

Sec. 298B.154. FEDERAL

Notwithstanding any other provision of this chapter, if the Centers for Medicare and Medicaid Services issues a disallowance of federal matching funds for a purpose for which intergovernmental transfers described by Section 298B.103(c)(1) were made and the Health and Human Services Commission demands repayment from the district of federal funds paid to the district for that purpose, the district may require and collect mandatory payments from each paying provider that received those federal funds in an amount sufficient to satisfy the repayment demand made by the commission. The percentage limitation prescribed by Section 298B.151(c) does not apply to a mandatory payment required under this section.

[The conference committee may have exceeded the limitations imposed on its jurisdiction, but only the presiding officer can make the final determination on this issue.]

SECTION 29. As soon as practicable after the expiration of the authority of the Tarrant County Hospital District to administer and operate a health care provider participation

No equivalent provision.

Same as Senate version.

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program under Chapter 298B, Health and Safety Code, as added by this Act, the board of hospital managers of the Tarrant County Hospital District shall transfer to each institutional health care provider in the district that provider's proportionate share of any remaining funds in any local provider participation fund created by the district under Section 298B.103, Health and Safety Code, as added by this Act.

[The conference committee may have exceeded the limitations imposed on its jurisdiction, but only the presiding officer can make the final determination on this issue.]

SECTION 30. If before implementing any provision of Chapter 298B, Health and Safety Code, as added by this Act, a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

[The conference committee may have exceeded the limitations imposed on its jurisdiction, but only the presiding officer can make the final determination on this issue.]

SECTION 31. Same as Senate version.

No equivalent provision.

Same as Senate version.

SECTION 20. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2017.

SECTION 20. Same as Senate version.

LEGISLATIVE BUDGET BOARD Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 27, 2017

TO: Honorable Dan Patrick, Lieutenant Governor, Senate Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: SB1462 by Hinojosa (Relating to the creation and operation of certain local health care provider participation programs.), Conference Committee Report

No significant fiscal implication to the State is anticipated.

The bill amends Chapters 288, and 291 through 297 of the Health and Safety Code, which authorizes health care provider participation program in certain counties. The bill would authorize county-created hospital districts, instead of county tax assessors, to contract for the assessment and the collection of mandatory payments from nonpublic hospitals. These payments are deposited into a local provider participation fund to fund intergovernmental transfers and subsidize indigent care programs. Intergovernmental transfers are used by the Health and Human Services Commission (HHSC) as the nonfederal share to draw down Medicaid supplemental payments. The bill would expand the allowable use of these mandatory payments for payments to Medicaid managed care organizations that are dedicated for payment to hospitals. The bill would also authorize mandatory payments to be used to refund paying hospitals funds that are not used for Texas Medicaid supplemental payments.

The nonfederal share of Texas Medicaid supplemental payments is provided largely by local public funds provided to the Health and Human Services Commission by intergovernmental transfer. The bill's provisions do not contain any implications for state General Revenue funds. HHSC reports that there would be no significant fiscal impact to the agency resulting from implementation of the bill. The Comptroller of Public Accounts does not anticipate any fiscal impact to the state.

The bill would amend the Health and Safety Code allowing the Tarrant County Hospital District to participate in a health care provider participation program. The authority of the district to administer and operate this program expires December 31, 2019.

The bill would take effect on September 1, 2017, or immediately with a vote of two-thirds of all members in both houses.

Local Government Impact

Because the bill would not have statewide impact on units of local government of the same type or class, no comment from this office is required by the rules of the House/Senate as to its probable

fiscal implication on units of local government.

Source Agencies: 529 Health and Human Services Commission, 304 Comptroller of Public

Accounts

LBB Staff: UP, JGA, MH

Certification of Compliance with

Rule 13, Section 6(b), House Rules of Procedure

Rule 13, Section 6(b), House Rules of Procedure, requires a copy of a conference committee

report signed by a majority of each committee of the conference to be furnished to each member

of the committee in person or, if unable to deliver in person, by placing a copy in the member's

newspaper mailbox at least one hour before the report is furnished to each member of the house

under Rule 13, Section 10(a). The paper copies of the report submitted to the chief clerk under

Rule 13, Section 10(b), must contain a certificate that the requirement of Rule 13, Section 6(b),

has been satisfied, and that certificate must be attached to the copy of the report furnished to each

member under Rule 13, Section 10(d). Failure to comply with this requirement is not a

sustainable point of order under Rule 13.

I certify that a copy of the conference committee report on SB 1462 was furnished to

each member of the conference committee in compliance with Rule 13, Section 6(b), House

Rules of Procedure, before submission of the paper copies of the report to the chief clerk under

Rule 13, Section 10(b), House Rules of Procedure.

(name)

17R337(3)

5/27/17

(date)